

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP announces coverage of Pylarify

Effective April 28, 2023, the Indiana Health Coverage Programs (IHCP) will add coverage for Current Procedural Terminology (CPT^{®1}) code A9595 - *Piflufolastat f-18, diagnostic, 1 millicurie*.

The following reimbursement information applies:

- Pricing: Maximum fee of \$574.88
- Billing guidance:
 - Linked to revenue code 636
 - Prior authorization (PA) required



Piflufolastat F-18 (Pylarify) is a radioactive diagnostic agent indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions. Pylarify requires PA under fee-for-service (FFS) Medicaid coverage and is indicated for use by adult members that meet the following criteria:

1. Members have prostate cancer, and one of the following:
 - A. Inconclusive bone findings on both CT/MRI and bone scan; or
 - B. Conventional imaging studies (CT and bone scan) suggest minimal- or low-volume metastatic disease that needs further evaluation.
2. Members had prostate cancer previously treated with prostatectomy or radiation therapy, and all the following:
 - A. Prostate-specific antigen (PSA) rises on two consecutive measurements above post-treatment baseline or PSA is ≥ 1 ng/mL; and
 - B. The member is a candidate for salvage local therapy; and
 - C. There are inconclusive findings on CT, MRI or bone scan suggesting possible recurrence or metastatic disease that need further evaluation.

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- [IHCP revises documentation requirements for psychiatric inpatient admissions](#)

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and in the *Revenue Codes with Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

Reimbursement and billing information apply to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

IHCP revises documentation requirements for psychiatric inpatient admissions

Beginning April 10, 2023, the Indiana Health Coverage Programs (IHCP) will no longer require the [Certification of the Need for Inpatient Psychiatric Hospital Services](#) form be submitted for fee-for-service (FFS) inpatient psychiatric prior authorization (PA) requests. The member's plan of care (POC) will now serve as the source information formerly documented on the *Certification of the Need for Inpatient Psychiatric Hospital Services* form.

The POC must demonstrate that:

1. Ambulatory care resources available in the community do not meet the treatment needs of the beneficiary; and
2. Proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
3. The services can reasonably be expected to improve the beneficiary's condition or prevent further regression so that the services will no longer be needed.

The POC must be submitted to the FFS PA vendor within 14 working days of admission and clearly exhibit the information listed above.



Note: Clarification for this article has been made in IHCP Bulletin [BT2023105](#).

QUESTIONS?

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